
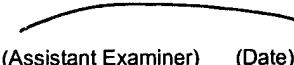
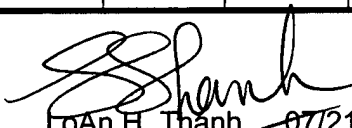




Issue Classification 	Application No.	Applicant(s)	
	09/329,002	MOONEY ET AL.	
	Examiner	Art Unit	
	LoAn H. Thanh	3763	

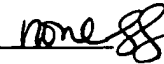
ISSUE CLASSIFICATION									
ORIGINAL				CROSS REFERENCE(S)					
CLASS		SUBCLASS		CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
604		500		604	43	167.06	523		
INTERNATIONAL CLASSIFICATION									
A	6	1	M						
				31/00					
				/					
				/					
				/					
				/					
 (Assistant Examiner) (Date)				 LoAn H. Thanh 07/21/04 (Primary Examiner) (Date)				Total Claims Allowed: 57	
								O.G. Print Claim(s) 60	
 (Legal Instruments Examiner) (Date)									

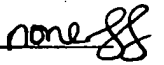
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3	3	33	33	40	63		93		123		153		183		
4	4	34	34	41	64		94		124		154		184		
5	5	35	35	42	65		95		125		155		185		
6	6	36	36	43	66		96		126		156		186		
7	7	37	37	44	67		97		127		157		187		
8	8		38	45	68		98		128		158		188		
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APPLICATION NUMBER 09/329,002	FILING DATE 06/08/1999	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO ECC-5062CIP2
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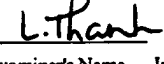

APPLICANT
 CHARLES R MOONEY, COSTA MESA, CALIFORNIA; ROBERT PECOR, ALISO VIEJO, CALIFORNIA; DONALD E BOBO, SANTA ANA, CALIFORNIA; MICHAEL J HIGGINS, TRABUCO CANYON, CALIFORNIA; MANOUCHEHR A MIRAKI, LAGUNA HILLS, CALIFORNIA; ERIK E BULMAN, MISSION VIEJO, CALIFORNIA; GARY R WILLOUGHBY, CASTLE ROCK, COLORADO.

CONTINUING DOMESTIC DATA***
 VERIFIED  THIS APPLN IS A CIP OF 08/953,105 10/17/1997 ABN
 WHICH IS A CIP OF 08/756,763 11/26/1996 ABN

371 (NAT'L STAGE) DATA***
 VERIFIED


FOREIGN APPLICATIONS***
 VERIFIED


FOREIGN FILING LICENSE GRANTED 06/29/1999

Foreign priority claimed 35 USC 119 (a-d) conditions met Verified and acknowledged Examiner's Name Initials	O yes <input checked="" type="radio"/> no O yes <input type="radio"/> no O Met after Allowance  	STATE OR COUNTRY CO	SHEETS DRAWINGS 31	TOTAL CLAIMS 85	INDEPENDENT CLAIMS 8
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ADDRESS
 LENA I VINITSKAYA
 BAXTER HEALTHCARE CORPORATION
 P O BOX 15210
 IRVINE , CA 92623-5210

TITLE
 MULTIPLE LUMEN ACCESS DEVICE

FILING FEE RECEIVED \$*2320	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	O All Fees O 1.16 Fees (Filing) O 1.17 Fees (Processing Ext. of Time) O 1.18 Fees (Issue) O Other _____ O Credit
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